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## BIB DATA SHEET

CONFIRMATION NO. 5077

|  |   |  |   |   |                           |                                |
|--|---|--|---|---|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/638,426   | <b>FILING or 371(c) DATE</b><br>08/12/2003<br><b>RULE</b>   | <b>CLASS</b><br>604                                      | <b>GROUP ART UNIT</b><br>3763   | <b>ATTORNEY DOCKET NO.</b><br>12013/47601 |                           |                                |
| <b>APPLICANTS</b><br>Samuel J. Epstein, Watertown, MA;<br>Wendy Naimark, Cambridge, MA;<br>Toby Freyman, Waltham, MA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>11/06/2003     |   |  |   |   |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /CHRISTOPHER KOHARSKI/<br>Acknowledged Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>MA   | <b>SHEETS DRAWINGS</b><br>4               | <b>TOTAL CLAIMS</b><br>21 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>KENYON & KENYON LLP<br>1500 K STREET N.W.<br>SUITE 700<br>WASHINGTON, DC 20005<br>UNITED STATES  |   |  |   |   |                           |                                |
| <b>TITLE</b><br>Device and method for direct delivery of a therapeutic using non-newtonian fluids  |   |  |   |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>924  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                           |                                |